

November 7th, 2023

Delivered by email

Dear Mr. Carr,

I am writing in follow up to the concerns you expressed about the care provided to your mother (Ms. Josephine Heughan), during her hospital admission from July 21st, 2023 to July 23rd, 2023. On behalf of the care team I would like to again offer our heartfelt condolences to you on your mother's passing. We recognize this has been a very significant loss for you and we are sorry for the grief you are experiencing.

As you are aware, a meeting was arranged on Sept 20th, 2023 to address your concerns. Present at the meeting were Sam Edgar (Patient Relation Specialist), Dr. Seema Marwaha (Staff physician, General Internal Medicine), Dr. Michael Sklar (Staff Physician, Critical Care) and Norman Dewhurst (Clinical Lead Manager, General Internal Medicine). Regretfully the meeting was ended early due to disrespectful language that was exhibited toward the leaders and physicians in attendance.

We do recognize that this is a very difficult time for you and that it is important to have your questions and concerns addressed. While we were unable to address these through an in-person meeting we have taken the time to outline our review and follow up in this letter.

I understand from our conversations you have questions about care decisions made in the Emergency Department (ED) and the General Internal Medicine (GIM) Department, regarding why a CT scan was not performed as well as concerns about communications surrounding your mother's code status.

I want to assure you that we take your concerns very seriously, and upon hearing your concerns about the care provided to your mother and communication from staff, they were brought forward to the leadership of the ED and Medicine unit for review. A thorough and comprehensive review of the event has been completed, including a chart review, and discussions with staff and physicians involved. Below we have summarized our feedback in writing in response to your concerns.

With regards to the Emergency Department care, ^{*}Dr. Chu has shared that based on her initial clinical assessment in the ED, your mother's condition was such that she did not need a CT of the abdomen at that time. It is documented that her abdomen was soft, not swollen beyond it's normal size and her vital signs were stable. It was noted however she was dehydrated so intravenous fluid was ordered and she was referred to the GIM team for admission and further work up.

Dr. Marwaha, internal medicine physician, then assessed your mother. At the time of Dr. Marwaha's assessment, she found your mother's abdomen to be ridged and swollen beyond its normal size and an urgent XRAY was ordered which showed she had a bowel obstruction. In response Dr. Marwaha inserted a nasogastric (NG) tube to relieve pressure in the abdomen, and feculent matter was suctioned from your mother's stomach. The medicine team provided more IV fluids, initiated a bowel rest protocol, administered IV antibiotics and ordered an urgent CT scan at that time. They also spoke directly with the general surgery service to request a consultation.

Your mother was transferred up to the medicine unit shortly afterwards, where unfortunately her condition started to quickly decline. Dr. Marwaha shared that your mother's blood work appeared much worse with a lactic acid level of 10 (normal range being 2 and below) indicating that her muscle tissues

WE CAUSED YOU!!!!
(AC)

DISRESPECTFUL
LANGUAGE WELL DESERVED!!!!
(AC)

AFTER THE 7 HOUR WAIT
THEN

AFTER A 7 HOUR INTERIM
OF

NOT TRUE!!!! (AC)

NOTHING
BEING
DONE

WHILE
WE WAITED
IN THE
HALLWAY!!!!
(AC)

were not receiving enough oxygen and she was in multi system organ failure, therefore too unstable to be moved. The Critical Care Response Team (CCRT) and the Intensive Care Unit (ICU) attending physician urgently reviewed her situation with the general surgery team to determine if surgery was an option. Unfortunately it was determined that your mother was critically ill to physically move to the CT scanner or receive surgical intervention. Palliative care services was consulted and saw your mother later in the day.

We understand from your feedback that it was not clear to you that CPR (cardiopulmonary resuscitation, also known as chest compressions) would not be offered to your mother and the reason why. We sincerely apologize for this and any distress to you as a result. Dr. Sklar informed me that he spoke with you regarding your request for CPR and he is sorry to hear that his communication was not clear to you. Dr. Sklar has explained that CPR does not work for all patients and that due to your mother's critical condition, frailty and age, CPR would not be successful for your mother and would not result in her resuscitation. CPR is not offered when it has no potential benefit to the person and when the performance of CPR will cause more harm and indignity to the patient. The do not resuscitate (DNR) order prevents the automatic urgent institution of chest compressions. Every patient and person is evaluated individually, and the person's status determines what options might provide benefit in each individual case.

We wish to acknowledge the concerns you shared regarding communication from the nursing staff on the medicine unit the night your mother passed. You shared that the staff would not provide CPR when your mother ceased breathing. As your mother's code status was documented to not perform CPR, the nursing staff were following the medical team's orders. I am sorry for any miscommunication from the staff when they explained why they were not performing CPR on your mother, and if their communication lacked compassion or came across as dismissive or lacking urgency.

We regret to hear of your concerns relating to the staff who provided post mortem care to your mother. You shared the staff member was not careful when providing care, resulting with her head connecting with the side rail. We strive to ensure the utmost respect and dignity for care after death and are sincerely sorry for your experience. Please be assured there has been follow up with staff regarding your feedback.

We hope that this letter serves to provide clarity regarding your mother's care and treatment. Should you have questions regarding the feedback provided, you may contact me directly at patientrelationsSMH@unityhealth.to. As an organization we are committed to ensuring a safe environment where staff and patients alike are treated with respect and dignity and it is our expectation that moving forward all communications be conducted in a respectful manner.

Sincerely,
Sam Edgar (she/her)

Patient Relations Specialist

AFTER 15 HOURS OF VIRTUALLY NO TREATMENT AND

OF COURSE - AFTER NEARLY TWO DAYS OF NO FOOD OR DECENT TREATMENT!!! (AL)

I KNOW THE REASON WHY! IT'S YOUR UNWRITTEN LAW TO KILL OFF SENIORS TO SAVE MONEY!! - THAT'S WHY!!! (AC)

CONNECTING WITH THE SIDERAIL (WHAT A BULLSHIT EUPHEMISM!!) (AC)

WHAT A BULLSHIT EUPHEMISM!! (AC)

I KNOW, BECAUSE I HAVE BEEN STUDYING AND TREATING -

HE COMMUNICATED NO SUCH INFORMATION TO ME, OTHER THAN TO KEEP YELLING - AT THE TOP OF HIS LUNGS THAT "WELL YOUR MOTHER'S DYING!!" THERE IS DEFINITELY

SOMETHING WRONG NEVER TOLD ME HE WANTED TO SWITCH TO A DNR BECAUSE HE - AND MARWAHA - BOTH KNEW THAT I WOULD AGREE TO SUCH A HORRIFIC PROCEDURE!!!

SCREWED-UP PEOPLE LIKE

SKLAR FOR OVER 60 YRS!!! (Anthony Carr)

HORRIFIC PROCEDURE!!!